



To Whom It May Concern:

In order to file a Notice of Claim against a public entity or employee, please refer to Arizona Revised Statutes §§ 12-821.01 and 11-622, which provide certain requirements with regard to presenting claims against public entities and public employees.

Complete all items on the Notice of Claim Form and return by mail to:

**Clerk of the Board of Supervisors
P.O. Box 827
Florence, AZ 85132**

In addition, a Notice of Claim being asserted against an individual Pinal County employee or elected official must be served on that person or his or her designee. For claims against the following Pinal County elected officials, please mail or hand-deliver the Notice of Claim form to:

Assessor:	31 N. Pinal St., Bldg E, Florence, AZ 85132
County Attorney:	31 N. Pinal St., Bldg D, Florence, AZ 85132
Recorder:	31 N. Pinal St., Bldg E, Florence, AZ 85132
Sheriff:	971 Jason Lopez Circle, Florence, AZ 85132
Treasurer:	31 N. Pinal St., Bldg E, Florence, AZ 85132

Failure to comply with the requirements of the statute will result in your claim being rejected. Filing a valid claim is your sole responsibility. If your claim is contractual in nature, refer to the guidelines set forth in A.R.S § 11-622.

Once we receive your completed claim form, your claim will be investigated. In addition to the required information, please provide copies of any documents that would support your claim (i.e. estimates, bills, police report, etc.). If you do not receive a response to your Notice of Claim within 60 days, you may consider your claim denied.

Please be aware that you are legally responsible for taking steps to minimize any loss sustained and to protect property from further damage. It is important that all information requested on the claim form be provided so that a prompt and fair evaluation can be made of your claim.

**Furnishing a social security number is voluntary. If furnished it will be used to monitor fraudulent claims, and as an aid in retrieving records applicable to this claim.*



NOTICE OF CLAIM AGAINST PINAL COUNTY

Date of Loss	Time of Loss	Location of Loss		
Claimant Name	Social Security Number*	Date of Birth	If MINOR, Give Parent or Guardian Name	
Driver's License Number	State of Issue	Address		
City	State	Zip Code	Telephone	Cell Phone
Description of Occurrence:				
State the legal basis wherein the County of Pinal and/or its employee(s) was/were at fault:				
Describe Damage to Property:				
If Person(s) Injured, List the Following Information on All Injured Parties				
Name	Address	Description of Injury	DOB	Telephone
Responding Police Agency:			Report #:	
Claimant Vehicle Information				
Make	Model	Year	License Plate #	
County Vehicle Information				
Unit Number	Department	County Driver	License Plate #	
If Witnesses Are Available, Provide the Following Information				
Name	Address	Telephone		



NOTICE OF CLAIM AGAINST PINAL COUNTY

Amount of Damages Claimed		
Property damage (attach receipts, invoices, estimates)		\$
Medical expense (attach bills and records)		\$
Other - Please specify (attach bills, receipts, etc.)		\$
Total		\$
<i>(If you are claiming multiple items, please attach a separate sheet with an itemization of all expenses claimed.)</i>		
Please state the specific amount for which the claim(s) can be settled at this time:		\$
Additional Information		
Any additional information that might be helpful in evaluating this claim:		
If available, please provide photographs.	PROVIDED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please provide bills, records, receipts, estimates and/or invoices.	PROVIDED?	YES <input type="checkbox"/> NO <input type="checkbox"/>

This form is provided to assist in presenting a claim to Pinal County that complies with A.R.S. § 12-821.01, which defines the requirements for filing a claim against a public entity in the State of Arizona. It is important to complete all applicable items on the form in order to assure compliance with state law. Failure to do so may result in your claim being rejected. Filing a valid claim will always remain your sole responsibility. If your claim is contractual in nature, refer to the guidelines set forth in A.R.S. § 11-622.

The accompanying letter also contains the names and addresses of the persons authorized to accept service of the notice of claim form. It is your responsibility to identify the correct person, entity and/or entities against which your claim is being made, and file the notice of claim with them as required by A.R.S. § 12-821.01. You can mail the completed form.

By providing this claim form, or entering into any discussions or negotiations with the County of Pinal does not waive any of its defenses pursuant to A.R.S. § 12-821.01, et. seq., or any other law.

If you have questions about this form or your claim, it is your responsibility to seek legal advice on your own and at your expense. Please do not call or otherwise contact any employee of Pinal County, or any employee of its officers, boards, or districts, to seek assistance with filing a notice of claim or seek any other assistance with respect to your claim. No officer or employee of Pinal County is authorized to provide legal advice or assistance with the preparation or filing of your claim. If you rely on any information furnished directly or indirectly by any officer or employee of Pinal County, you do so at your own risk.

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and believe and, as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Claimant Signature: _____ **Date:** _____